



## OFFICIAL RESPONSES TO VENDOR QUESTIONS RFP-2020-DMS-10-TRANS

No.	Question	Answer
1.	<b>Section 1 Introduction, Subsection 1.3 Contract Period</b> Does the Department have the option to extend services past June 30, 2022?	See Subsection 1.3, Contract Period
2.	<b>Section 3 Statement of Work</b> Is the selected vendor prohibited from providing direct transportation services?	The selected vendor may provide direct transportation. However, the selected vendor must ensure a sufficient independent network is maintained. The selected vendor must submit a plan for building and maintaining their own network as well as contracting with transportation providers who have their own companies.
3.	<b>Section 3, Statement of Work, Subsection 3.1 Covered Populations</b> Does 2,000 Medicaid beneficiaries represent the total population eligible for NEMT services or the number of unique riders using the program?	An average of 2,000 members will be eligible for NEMT services in any given month. However, the Member count for PM/PM is taken on the 15th of each month (point in time) which has averaged 1575 members per month for the first 3 months in calendar year 2020.
4.	<b>Section 3, Statement of Work, Subsection 3.1 Covered Populations</b> What membership can we expect to be eligible per month for the RFP years?	In any given month there will be an average of 2,000 members that will be eligible for NEMT services.
5.	<b>Section 3, Statement of Work, Subsection 3.1 Covered Populations</b> What types of trends does the Department project for membership through the end of the	Fee-for-Service membership is a relatively flat curve.



No.	Question	Answer
	contract term?	
6.	<p><b>Section 3 Statement of Work, Subsection 3.1 Covered Populations, Paragraph 3.1.1, Subparagraph 3.1.1.1</b></p> <p>a) How does the department utilize the spenddown process for transportation benefits?</p> <p>b) How will the selected vendor be notified of benefit limits or when the member has met their spend down limit and are then eligible for a transportation benefit?</p>	<p>a) Once a member is open, the member is eligible for transportation.</p> <p>b) When a member is open, there are very few limits on his/her transportation benefits.</p> <p>The selected vendor receives the eligibility file daily from the Department, through their MMIS. A member on spenddown will show as open in the eligibility file when he/she has met their spenddown.</p>
7.	<p><b>Section 3 Statement of Work, Subsection 3.2 Scope of Services - Process and Fulfill Trip Request, Paragraph 3.2.1</b></p> <p>a) Would a random sample percentage suffice instead of 100%?</p> <p>b) Is this a current program requirement?</p> <p>c) Will the department consider amending this requirement to reflect industry best practice of 5-10% pre trip verification?</p> <p>d) Are Mileage Reimbursement trips excluded from the pre-trip verification requirement?</p> <p>e) If not, how are pre-trip verifications conducted for these trips under the current contract?</p> <p>f) If the vendor is unable to get the medical facility to respond to a verification notification, is the vendor</p>	<p>a) No.</p> <p>b) Yes. Regularly scheduled standing appointments can be batch verified rather than verified individually.</p> <p>c) No.</p> <p>d) The Department would consider less than 100% pre-trip verification for mileage reimbursement if the selected vendor proposed sufficient safeguards.</p> <p>e) Members must request preauthorization for mileage reimbursement prior to the appointment.</p> <p>f) No. Case by case exceptions can be made.</p>



No.	Question	Answer
	required to deny the transportation?	
8.	<b>Section 3 Statement of Work, Subsection 3.2 Scope of Services-Process and Fulfill Trip Requests, Paragraph 3.2.2</b> a) What is the process for determining and handling presumptive eligibility (PE)? b) What is the process for eligibility verification today? c) Would the Department consider a transportation request received directly from a medical provider as pre-verified?	a) Any provider that is certified to determine PE may make the eligibility determination. As soon as a member is found eligible under the PE program, the member is eligible for NEMT. b) The Department sends the Contractor an eligibility file daily. The Contractor is responsible for checking the file to confirm eligibility. c) Yes.
9.	<b>Section 3 Statement of Work, Subsection 3.2 Scope of Services-Process and Fulfill Trip Requests, Paragraph 3.2.3</b> Can the Department provide a definition for the 'adult medical day' mode of transportation?	This is transportation to and from adult day facilities. Often, the facilities have their own transportation vans and the facility enrolls with the Contractor as a transportation provider.
10.	<b>Section 3, Statement of Work, Subsection 3.2 - Process and Fulfill Trip Request, Paragraph 3.2.5</b> Are transportation network companies such as Uber and Lyft permitted to provide NEMT services?	Only if such companies can comply with all pre-hire and ongoing background screening and drug testing requirements. Rideshare programs may only consist of a set percentage of the network, which would be negotiated with selected vendor.
11.	<b>Section 3 Statement of Work, Subsection 3.2 Scope of Services - Process and Fulfill Trip Request, Paragraph 3.2.7</b> a) Would the Department consider limiting the waiver of advance notice for methadone clinic services to mileage	a) Methadone service requests can be approved on a monthly basis rather than by individual appointment for both rides and mileage reimbursement. b) No.

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No.	Question	Answer
	<p>reimbursement only?</p> <p>b) Would the Department be willing to put transportation services for substance abuse treatment appointments on a separate price structure until this trend levels off to diminish losses to the broker to ensure these members have 24/7 services without limits?</p>	
12.	<p><b>Section 3 Statement of Work, Subsection 3.2 Scope of Services - Process and Fulfill Trip Request, Paragraph 3.2.8., Subparagraph 3.2.8.1</b></p> <p>a) Can the Department please expand on the requirement to transport durable medical equipment?</p> <p>b) Is the selected vendor required to deliver durable equipment to members' homes?</p>	<p>a) Transportation providers must be able to transport members and their durable medical equipment, which may include, but is not limited to, wheelchair, walker, crutches, and/or oxygen.</p> <p>b) No.</p>
13.	<p><b>Section 3 Statement of Work, Subsection 3.2 Scope of Services - Process and Fulfill Trip Request, Paragraph 3.2.9</b></p> <p>a) Is the selected vendor permitted to set the mileage reimbursement rate for members or does the State have a set rate that the broker must follow?</p> <p>b) What is the current advanced notice requirement for mileage reimbursement requests?</p>	<p>a) The State sets the rate.</p> <p>b) There is a 48-hour advance notice requirement for mileage reimbursement.</p> <p>c) No.</p>

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No.	Question	Answer
	c) Are there any credentialing requirements for recipients or Friends & Family who request mileage reimbursement?	
14.	<b>Section 3 Statement of Work, Subsection 3.3 Operation of Call Center</b> a) Are there any specific staffing requirements for the call center? b) Does the Department require mobile application or web-based platforms as alternative reservation options? c) Does the Department require the call center be physically located in the State of New Hampshire?	a) See Section 3 Statement of Work, Subsection 3.3 Scope of Services – Operation of Call Center. b) Vendors must provide their proposed Call Center Services plan in response to Q7 c) No.



No.	Question	Answer
15.	<b>Section 3 Statement of Work, Subsection 3.3 Operation of Call Center, Paragraph 3.3.1</b>  Will the Department consider a call center that is staffed with virtual work-from-home agents as long as the vendor can demonstrate sufficient monitoring and compliance to all HIPAA regulations?	Yes. However, the Call Center must meet all requirements in the RFP.
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No.	Question	Answer
16.	<b>Section 3 Statement of Work, Subsection 3.3 Scope of Services - Operation of Call Center, Question 7.</b> Do the percentages of calls to be answered in 90 seconds remain at the current level of > or = 95%?	No.
17.	<b>Section 3 Statement of Work, Subsection 3.3 Scope of Services - Operation of Call Center, Paragraph 3.3.4</b> a) Does the 100% pre trip verification requirement apply to afterhours urgent transports? b) Would the department consider extending the two-hour period for scheduling urgent trips to three (3) hours? c) Please provide the monthly call volume for the last two (2) years.	a) No. b) No. c) Please see Attachment A.
18.	<b>Section 3 Statement of Work, Subsection 3.3 Scope of Services - Operation of Call Center, Paragraph 3.3.6</b> Can the Department expand on what is expected in requirement to coordinate its call center with the Department's Customer Service Center?	The NEMT Call Center must have the ability to transfer calls to the Department's Customer Service Center when a beneficiary has questions relative to eligibility or their specific case.
19.	<b>Section 3 Statement of Work, Subsection 3.3 Operation of Call Center Paragraph 3.3.7</b> Please clarify the other call centers to which	The Department's Customer Service Center.



No.	Question	Answer
	the selected vendor will be required to transfer calls?	
20.	<b>Section 3 Statement of Work, Subsection 3.4 Scope of Services - Grievances &amp; Appeals Process and Beneficiary Satisfaction Surveys, Paragraph 3.4.1</b> Can satisfaction surveys be conducted through email or text with beneficiaries who opt-into communications?	See Q10 in the RFP.
21.	<b>Section 3 Statement of Work, Subsection 3.4 Scope of Services - Grievances &amp; Appeals Process and Beneficiary Satisfaction Surveys, Paragraph 3.4.2</b> a) Please define the term, 'complaint.' b) How are complaints currently tracked and reported? c) Is there a separate grievance and appeal process managed by Department, or is the selected vendor's process serving as the sole grievance process?	a) See Q11 in the RFP. b) Complaints are reported in a monthly log. c) There is not a separate formal grievance and appeal process managed by the Department.
22.	<b>Section 3 Statement of Work, Subsection 3.4 Scope of Services - Grievances &amp; Appeals Process and Beneficiary Satisfaction Surveys, Paragraph 3.4.3</b> Please confirm that swift action is within 24 business hours of vendor being notified of the incident.	Confirmed.





No.	Question	Answer
23.	<b>Section 3 Statement of Work, Subsection 3.5 Incident Reporting, Paragraph 3.5.2</b> How will the selected vendor notify the Department during non-business hours?	The Department will provide an telephone number to report after-hour emergencies.
24.	<b>Section 3, Statement of Work, Subsection 3.6 Scope of Services - Driver Selection and Maintenance of Records Requirements, Paragraph 3.6.1, Subparagraph 3.6.1.4</b> Would the Department consider alternative coverage arrangements than those included in the RFP, as long as neither the Department nor the member were placed at greater risk?	The Department would consider an alternative insurance model if the coverage provided appropriate coverage.
25.	<b>Section 3, Statement of Work, Subsection 3.6 Scope of Services - Driver Selection and Maintenance of Records Requirements, Paragraph 3.6.1, Subparagraph 3.6.1.5. Performance Commitments, Part 3.6.1.5.1</b> Would the Department consider relaxing the zero tolerance policy for driver no-shows to one that supports less than 1% driver no-shows to account for conditions out of control such as vehicular breakdown, weather, etc?	See Addendum #5
26.	<b>Section 3, Statement of Work, Subsection 3.6 Scope of Services - Driver Selection and Maintenance of Records Requirements, Paragraph 3.6.1, Subparagraph 3.6.1.5. Performance Commitments, Part 3.6.1.5.1., Subpart 3.6.1.5.1.2</b> a) Would the Department consider	a) No. b) 10 days from the report of the no-show.



No.	Question	Answer
	<p>amending this requirement to only require a root cause analysis and report when the missed trip resulted in a complaint?</p> <p>b) Does the Department mean within ten (10) days of the report of the driver no-show or ten (10) days of the event of the driver no-show?</p>	
27.	<p><b>Section 3, Statement of Work, Subsection 3.6 Scope of Services - Driver Selection and Maintenance of Records Requirements, Paragraph 3.6.1, Subparagraph 3.6.1.5 Performance Commitments, Part 3.6.1.5., Part 3.6.1.5.2</b></p> <p>Will the Department consider revising this requirement for standard pick up to a window of 15 minutes prior to and 15 minutes after scheduled pick up time?</p>	No.
28.	<p><b>Section 3 Statement of Work, Subsection 3.6 Scope of Services- Driver Selection and Maintenance of Records Requirements, Paragraph 3.6.1, Subparagraph 3.6.1.7</b></p> <p>Please identify the fees and how the selected vendor will be made aware of such fees?</p>	Fees generally include the cost to the member for finding alternative transportation. The Department will notify the selected vendor when these fees are incurred.
29.	<p><b>Section 3, Statement of Work, Subsection 3.6 Scope of Services - Driver Selection and Maintenance of Records Requirements, Paragraph 3.6.1, Subparagraph 3.6.1.6 Selected Vendor Corrective Action Plan,</b></p>	<p>a) See Q4 of the RFP.</p> <p>b) See Q4 of the RFP.</p>



No.	Question	Answer
	<b>Part 3.6.1.9</b> a) What is the required advance notice period for non-urgent trips? b) Is the Department expecting bidders to propose their own advance notice requirement?	
30.	<b>Section 3, Statement of Work, Subsection 3.6 Scope of Services - Driver Selection and Maintenance of Records Requirements, Paragraph 3.6.2, Subparagraph 3.6.2.5 Performance Commitments, Part 3.6.2.5.1</b> Will exterior vehicle signage also be required?	Exterior vehicle signage is not required.
31.	<b>Section 3, Statement of Work, Subsection 3.6 Scope of Services - Driver Selection and Maintenance of Records Requirements, Paragraph 3.6.2, Subparagraph 3.6.2.8 Transportation provider Pre-Service Inspections</b> a) Are New Hampshire state inspections sufficient or is the vendor also required to inspect vehicles prior to go live and annually? b) Is the expectation that the Transportation Provider completes the pre-service inspection or that the vendor's staff completes the pre-service inspection of vehicles?	a) See Subparagraph 3.6.2.7 and Subparagraph 3.6.2.8. b) See Subparagraph 3.6.2.8.
32.	<b>Section 3 Statement of Work, Subsection 3.6 Scope of Services - Driver Selection and</b>	a) Drivers must hold a license to operate the vehicle being operated.



No.	Question	Answer
	<b>Maintenance of Records Requirement, Paragraph 3.6.3, Subparagraph 3.6.3.2 Driver Selection, Reporting and Record Maintenance</b> Do the vehicle and/or drivers have to be licensed by a specific authority?	
33.	<b>Section 3, Statement of Work, Subsection 3.6 Scope of Services - Driver Selection and Maintenance of Records Requirements, Paragraph 3.6.3 Driver Standards, Subparagraph 3.6.3.2. Driver Selection, Reporting and Record Maintenance, Part 3.6.3.2.2</b> Will a drug screen policy that is, at a minimum, compliant with NH State requirements satisfy this requirement?	See Part 3.6.3.2.2
34.	<b>Section 3, Statement of Work, Subsection 3.6 Scope of Services - Driver Selection and Maintenance of Records Requirements,, Paragraph 3.6.5, Subparagraph 3.6.5.4, Part 3.6.5.4.2</b> Does the SOW include door-to-door and hand-to-hand Level of Service?	See Addendum #5
35.	<b>Section 3, Statement of Work, Subsection 3.6 Scope of Services - Driver Selection and Maintenance of Records Requirements, Paragraph 3.6.9</b> Please confirm the preventative and routine service records, including daily inspection	Confirmed.



No.	Question	Answer
	records, are to be retained by the Transportation Provider and subject to audit by the selected vendor.	
36.	<b>Section 3, Statement of Work, Subsection 3.8 Readiness Testing, Paragraph 3.8.1</b> a) Please confirm that a minimum of 90 calendar days will be provided from contract award to go-live. b) Please provide the expected Award Date AND the expected Go-Live date so that bidders can ensure compliance with the required implementation plan.	a) Confirmed. b) Anticipated award date: May 2020. Anticipated Go Live: To be determined.
37.	<b>Section 3, Statement of Work, Subsection 3.9 Reporting Requirements, Paragraph 3.9.1</b> a) Would the Department consider amending this requirement to only report on the total number of warm transfers? b) Would the Department allow the submission of voice analytics data to determine which programs recipients are being transferred to along with trending? c) What were the monthly averages of warm transfers from Vendors to the Department over the past two years?	a) See Addendum #5 b) Yes. c) Less than or equal to 35 calls per month.
38.	<b>Section 3 Statement of Work, Subsection 3.10 Performance Measures, Paragraph 3.10.1</b>	A) It is expected that vendors will submit a proposed report card with metrics, which will be finalized during the contracting process.



No.	Question	Answer
	<ul style="list-style-type: none"> <li>a) Please clarify performance report card metric expectations and how often it must be submitted.</li> <li>b) How is the data for the vendor performance report card, which seems to be based on consumer satisfaction, calculated?</li> <li>c) How does the survey satisfaction rate factor into the vendor report card data?</li> </ul>	<ul style="list-style-type: none"> <li>B) See A. Additionally, some metrics will be based on consumer satisfaction.</li> <li>C) It is a component of the vendor report card.</li> </ul>
39.	<p><b>Section 3, Statement of Work, Subsection 3.11 Compliance, Paragraph 3.11.2</b></p> <ul style="list-style-type: none"> <li>a) Can the Department please provide a copy of the security and privacy requirements?</li> <li>b) Please confirm that the awarded vendor will reserve the right to negotiate the security requirements as set forth by the state.</li> </ul>	<ul style="list-style-type: none"> <li>a) The selected vendor must comply with HIPAA as well as the technology requirements outlined in the RFP.</li> <li>b) The State will consider all communication methods that are HIPAA compliant.</li> </ul>
40.	<p><b>Section 4, Financial Standards, Subsection 4.2, Rate Sheet – Appendix D</b></p> <p>Does the agency have an anticipated total funding for this project?</p>	<p>The Department will pay the rates pursuant to the resulting contract.</p>
41.	<p><b>Section 4, Finance, Subsection 4.2 Rate Sheet - Appendix D, Paragraph 4.2.1, Subparagraph 4.2.1.2.</b></p> <ul style="list-style-type: none"> <li>a) Would the department consider removing any points for start up or reducing the point total for Start Up</li> </ul>	<p>See Addendum #2</p>

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No.	Question	Answer
	<p>Costs?</p> <p>b) Can the Department please clarify whether total available points for Start Up Costs plus Start Up Narrative are 100 points or 200 points?</p>	
42.	<p><b>Section 7 Proposal Outline and Requirements, Subsection 7.2 Outline and Detail, Paragraph 7.2.8</b></p> <p>Does the State consider transportation providers to be subcontractors for the purposes of this RFP?</p>	Yes.
43.	<p><b>Section 7 Proposal Outline and Requirements, Subsection 7.2 Outline and Detail, Paragraph 7.2.8 Subcontractor Letters of Commitment</b></p> <p>Would the State please consider extending the RFP date to allow time to gather LOIs?</p>	See Addendum #4
44.	<p><b>Section 7 Proposal Outline and Requirements, Subsection 7.2 Outline and Detail, Paragraph 7.2.11 Required Attachments, Subparagraph 7.2.11.1</b></p> <p>Are Proposers allowed to submit additional Attachments to support our response?</p>	Yes.
45.	<p><b>Section 7 Proposal Outline and Requirements, Subsection 7.2 Outline and Detail, Paragraph 7.2.11 Required Attachments, Subparagraph 7.2.11.1</b></p> <p>Please clarify whether the Answers to</p>	Please include answers as indicated in Paragraph 7.2.5



No.	Question	Answer
	Questions in Section 3 are to be included as an Attachment as stated here, or in Paragraph 7.2.5. Proposal Narrative, Project Approach, and Technical Response.	
46.	<p><b>Section 7 Proposal Outline and Requirements, Subsection 7.2 Outline and Detail, Paragraph 7.2.11 Required Attachments, Subparagraph 7.2.11.2., Part 7.2.11.2.2</b></p> <p>Please confirm Appendix D, Rate Sheet is to be submitted as a separate component, and should not be included as an Attachment to Technical Proposal as stated here.</p>	See Addendum #2
47.	<p><b>Section 8 Mandatory Business Specifications, Subsection 8.1 Contract Terms, Conditions, and Liquidated Damages, Forms, Paragraph 8.1.2 Liquidated Damages, Subparagraph 8.1.2.1</b></p> <p>Will the department consider a cure period of 90 days following the go live wherein there are no liquidated damages assessed, so the vendor can focus on an orderly transition of service?</p>	Requests will be evaluated on a case-by-case basis as they are fact specific.
48.	<p><b>Appendix A</b></p> <p>Please confirm that the bidder is not required to return portion of Appendix A in their proposal.</p>	Do not return Appendix A.
49.	<b>Appendix B</b>	Key staff.





No.	Question	Answer
	Please clarify if the State wants all turnover for all staff or just key staff.	
50.	<p><b>Appendix D Rate Sheets, Section 1, Subsection 1.3</b></p> <ul style="list-style-type: none"> <li>a) Please provide the total number of trips provided by level of service for for the past 3 calendar years?</li> <li>b) Please provide the number of eligible members by month for the latest year.</li> <li>c) What is the annual paid trip volume by treatment type for the past three years?</li> <li>d) What is the average distance per trip by level of service for the past three years?</li> <li>e) Are there any modes of service in the scope not included in the percentages of modes of transportation table, such as ALS and Stretcher?</li> <li>f) Would the state be willing to be accept alternative pricing such as a risk corridor, where an initial PMPM is set but rebates are calculated monthly based on cost and utilization and settled every six months?</li> <li>g) Would the plan consider using an alternative pricing method until experience with the plan population allows a more accurate evaluation of PMPM?</li> <li>h) Please confirm 2,000 members</li> </ul>	<ul style="list-style-type: none"> <li>a) In any given month there will be an average of 2,000 members that will be eligible for NEMT services. See the Rate Sheet located at Appendix D for a percentage by service type.</li> <li>b) In any given month there will be an average of 2,000 members that will be eligible for NEMT services.</li> <li>c) Data not available at this time.</li> <li>d) Data not available at this time.</li> <li>e) All modes of transportation are included. Those that were greater than 1% of total usage are listed in the RFP.</li> <li>f) No.</li> <li>g) No.</li> <li>h) In any given month there will be an average of 2,000 members that will be eligible for NEMT services.</li> <li>i) \$ PM/PM amount for each category and the total \$ PM/PM</li> <li>j) The current agreement can be found <a href="http://sos.nh.gov/GC2.aspx">http://sos.nh.gov/GC2.aspx</a>. Meeting Date: December 18, 2019, Item # 20.</li> </ul>



No.	Question	Answer
	<p>represent eligible member's not just members utilizing service.</p> <p>i) Please clarify if under Transportation Component and Administrative Component Proposer is to input PMPMs or percentages?</p> <p>j) Please provide link to current agreement and pricing table related to that agreement (resulting from RFB-2017-OMBP-01-NEMT award)?</p>	
51.	<p><b>Appendix F Liquidated Damages</b></p> <p>How does the Department define "deviation of policy?"</p>	A deviation of policy is a failure to comply with policy as written.
52.	<p><b>Appendix F Liquidated Damages, Incident/Accident/Significant Event Reporting 3.5</b></p> <p>Are Liquidated Damages applicable to the 12-hour timeframe when the report is received during the Department's non-business hours, weekends and holidays?</p>	No.
53.	<p><b>Appendix F, Liquidated Damages, Provider Timeliness 3.6.1.5.1</b></p> <p>Is the turnaround time triggered by receiving trip approval from the Department?</p>	Trip approval is not given by the Department. The selected vendor will receive an eligibility file daily. The selected vendor is responsible for checking eligibility against the file. The Department is available for clarification, but, does not grant approval for each trip.
54.	<p><b>Appendix F, Liquidated Damages, Provider Timeliness 3.6.1.5.2</b></p> <p>Will the Department consider not assessing</p>	No, the Department will assess liquated damages on a case to case basis.

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No.	Question	Answer
	liquidated damages unless a vendor goes below 90% on time levels?	
55.	<b>Appendix K</b> What level of ADA/W3C compliance is required for web/mobile applications as applicable to this RFP?	The Department requires WCAG level 2.0 AA.
56.	<b>General</b> How does the Department foresee the possible ramifications of the current COVID-19 outbreak on the timing of both the contract award and eventual go-live date?	As a result, the response time for the RFP has been extended.
57.	<b>General</b> Do you require real time tracking of vehicles?	No.



No.	Question	Answer	
58.	<b>General</b> Please provide the top 10 drop off destination points.	<b>Drop Off Site</b>	<b>Drop Off Address</b>
		DH - MANCHESTER METRO TREATMENT CENTER	228 MAPLE ST Manchester
		DH - CONCORD METRO TREATMENT CENTER	100 HALL ST Concord
		DH - MERRIMACK RIVER MEDICAL ASSOCIATES	200 ROUTE 108 Somersworth
		DH - HABIT OPCO	20 MARKET ST Manchester
		DH - MERRIMACK RIVER MEDICAL SERVICES	323 DERRY RD Hudson
		DH - KEENE METRO CLINIC	1076 W SWANZEY RD Keene
		DH - MERRIMACK RIVER MEDICAL ASSOCIATES	177 SHATTUCK WAY Newington
		DH - HABIT OPCO	258 N PLAINFIELD RD W Lebanon
		DH - FARNUM CENTER	700 LAKE AVE Manchester
		DH - DARTMOUTH-HITCHCOCK CLINIC	1 MEDICAL CENTER DR Lebanon

**Time Period**

2016-01-01 - 2016-03-31  
2016-01-01 - 2016-03-31  
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**Data Submitter**

Medicaid Fee For Service - A. Hospital  
Medicaid Fee For Service - B. Medical Provider  
Medicaid Fee For Service - C. Mental Health Provider  
Medicaid Fee For Service - D. Dentist  
Medicaid Fee For Service - E. Pharmacy  
Medicaid Fee For Service - F. Methadone Treatment  
Medicaid Fee For Service - G. Other  
Medicaid Fee For Service - A. Hospital  
Medicaid Fee For Service - B. Medical Provider  
Medicaid Fee For Service - C. Mental Health Provider  
Medicaid Fee For Service - D. Dentist  
Medicaid Fee For Service - E. Pharmacy  
Medicaid Fee For Service - F. Methadone Treatment  
Medicaid Fee For Service - G. Other  
Medicaid Fee For Service - A. Hospital  
Medicaid Fee For Service - B. Medical Provider  
Medicaid Fee For Service - C. Mental Health Provider  
Medicaid Fee For Service - D. Dentist  
Medicaid Fee For Service - E. Pharmacy  
Medicaid Fee For Service - F. Methadone Treatment  
Medicaid Fee For Service - G. Other  
Medicaid Fee For Service - A. Hospital  
Medicaid Fee For Service - B. Medical Provider  
Medicaid Fee For Service - C. Mental Health Provider  
Medicaid Fee For Service - D. Dentist  
Medicaid Fee For Service - E. Pharmacy  
Medicaid Fee For Service - F. Methadone Treatment  
Medicaid Fee For Service - G. Other  
Medicaid Fee For Service - A. Hospital  
Medicaid Fee For Service - B. Medical Provider  
Medicaid Fee For Service - C. Mental Health Provider  
Medicaid Fee For Service - D. Dentist  
Medicaid Fee For Service - E. Pharmacy  
Medicaid Fee For Service - F. Methadone Treatment  
Medicaid Fee For Service - G. Other  
Medicaid Fee For Service - A. Hospital  
Medicaid Fee For Service - B. Medical Provider  
Medicaid Fee For Service - C. Mental Health Provider  
Medicaid Fee For Service - D. Dentist

2017-07-01 - 2017-09-30	Medicaid Fee For Service - E. Pharmacy
2017-07-01 - 2017-09-30	Medicaid Fee For Service - F. Methadone Treatment
2017-07-01 - 2017-09-30	Medicaid Fee For Service - G. Other
2017-10-01 - 2017-12-31	Medicaid Fee For Service - A. Hospital
2017-10-01 - 2017-12-31	Medicaid Fee For Service - B. Medical Provider
2017-10-01 - 2017-12-31	Medicaid Fee For Service - C. Mental Health Provider
2017-10-01 - 2017-12-31	Medicaid Fee For Service - D. Dentist
2017-10-01 - 2017-12-31	Medicaid Fee For Service - E. Pharmacy
2017-10-01 - 2017-12-31	Medicaid Fee For Service - F. Methadone Treatment
2017-10-01 - 2017-12-31	Medicaid Fee For Service - G. Other
2018-01-01 - 2018-03-31	Medicaid Fee For Service - A. Hospital
2018-01-01 - 2018-03-31	Medicaid Fee For Service - B. Medical Provider
2018-01-01 - 2018-03-31	Medicaid Fee For Service - C. Mental Health Provider
2018-01-01 - 2018-03-31	Medicaid Fee For Service - D. Dentist
2018-01-01 - 2018-03-31	Medicaid Fee For Service - E. Pharmacy
2018-01-01 - 2018-03-31	Medicaid Fee For Service - F. Methadone Treatment
2018-01-01 - 2018-03-31	Medicaid Fee For Service - G. Other
2018-04-01 - 2018-06-30	Medicaid Fee For Service - A. Hospital
2018-04-01 - 2018-06-30	Medicaid Fee For Service - B. Medical Provider
2018-04-01 - 2018-06-30	Medicaid Fee For Service - C. Mental Health Provider
2018-04-01 - 2018-06-30	Medicaid Fee For Service - D. Dentist
2018-04-01 - 2018-06-30	Medicaid Fee For Service - E. Pharmacy
2018-04-01 - 2018-06-30	Medicaid Fee For Service - F. Methadone Treatment
2018-04-01 - 2018-06-30	Medicaid Fee For Service - G. Other
2018-07-01 - 2018-09-30	Medicaid Fee For Service - A. Hospital
2018-07-01 - 2018-09-30	Medicaid Fee For Service - B. Medical Provider
2018-07-01 - 2018-09-30	Medicaid Fee For Service - C. Mental Health Provider
2018-07-01 - 2018-09-30	Medicaid Fee For Service - D. Dentist
2018-07-01 - 2018-09-30	Medicaid Fee For Service - E. Pharmacy
2018-07-01 - 2018-09-30	Medicaid Fee For Service - F. Methadone Treatment
2018-07-01 - 2018-09-30	Medicaid Fee For Service - G. Other
2018-10-01 - 2018-12-31	Medicaid Fee For Service - A. Hospital
2018-10-01 - 2018-12-31	Medicaid Fee For Service - B. Medical Provider
2018-10-01 - 2018-12-31	Medicaid Fee For Service - C. Mental Health Provider
2018-10-01 - 2018-12-31	Medicaid Fee For Service - D. Dentist
2018-10-01 - 2018-12-31	Medicaid Fee For Service - E. Pharmacy
2018-10-01 - 2018-12-31	Medicaid Fee For Service - F. Methadone Treatment
2018-10-01 - 2018-12-31	Medicaid Fee For Service - G. Other
2019-01-01 - 2019-03-31	Medicaid Fee For Service - A. Hospital
2019-01-01 - 2019-03-31	Medicaid Fee For Service - B. Medical Provider
2019-01-01 - 2019-03-31	Medicaid Fee For Service - C. Mental Health Provider
2019-01-01 - 2019-03-31	Medicaid Fee For Service - D. Dentist
2019-01-01 - 2019-03-31	Medicaid Fee For Service - E. Pharmacy
2019-01-01 - 2019-03-31	Medicaid Fee For Service - F. Methadone Treatment
2019-01-01 - 2019-03-31	Medicaid Fee For Service - G. Other
2019-04-01 - 2019-06-30	Medicaid Fee For Service - A. Hospital
2019-04-01 - 2019-06-30	Medicaid Fee For Service - B. Medical Provider

2019-04-01 - 2019-06-30	Medicaid Fee For Service - C. Mental Health Provider
2019-04-01 - 2019-06-30	Medicaid Fee For Service - D. Dentist
2019-04-01 - 2019-06-30	Medicaid Fee For Service - E. Pharmacy
2019-04-01 - 2019-06-30	Medicaid Fee For Service - F. Methadone Treatment
2019-04-01 - 2019-06-30	Medicaid Fee For Service - G. Other
2019-07-01 - 2019-09-30	Medicaid Fee For Service - A. Hospital
2019-07-01 - 2019-09-30	Medicaid Fee For Service - B. Medical Provider
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2019-07-01 - 2019-09-30	Medicaid Fee For Service - D. Dentist
2019-07-01 - 2019-09-30	Medicaid Fee For Service - E. Pharmacy
2019-07-01 - 2019-09-30	Medicaid Fee For Service - F. Methadone Treatment
2019-07-01 - 2019-09-30	Medicaid Fee For Service - G. Other
2019-10-01 - 2019-12-31	Medicaid Fee For Service - A. Hospital
2019-10-01 - 2019-12-31	Medicaid Fee For Service - B. Medical Provider
2019-10-01 - 2019-12-31	Medicaid Fee For Service - C. Mental Health Provider
2019-10-01 - 2019-12-31	Medicaid Fee For Service - D. Dentist
2019-10-01 - 2019-12-31	Medicaid Fee For Service - E. Pharmacy
2019-10-01 - 2019-12-31	Medicaid Fee For Service - F. Methadone Treatment
2019-10-01 - 2019-12-31	Medicaid Fee For Service - G. Other

## Report Details

Generated on Apr 07 2020 at 13:18

Measures: NEMT Requests Delivered by  
Type of Medical Service

Max Time Periods: 16

Organizations: Medicaid Fee For Service

Data Publish Statuses: Published, Published - Late LD,  
Published - Standard Not Met LD, Published - ConcernCitation: NH Department of Health and  
Human Services. Bureau of Quality  
Assurance and Improvement. Report  
generated on Apr 07 2020 at 13:18.  
[<http://medicaidquality.nh.gov>]Disclaimer: While the NH Department of Health and  
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Quarterly Count of Rides to Specific Service	Total Quarterly Rides	Measure Rate
239	16,913	1.40%
5,287	16,913	31.30%
928	16,913	5.50%
86	16,913	0.50%
64	16,913	0.40%
10,309	16,913	61.00%
0	16,913	0.00%
100	17,456	0.60%
4,667	17,456	26.70%
808	17,456	4.60%
49	17,456	0.30%
80	17,456	0.50%
11,748	17,456	67.30%
4	17,456	0.00%
36	16,247	0.20%
4,101	16,247	25.20%
723	16,247	4.50%
90	16,247	0.60%
88	16,247	0.50%
11,207	16,247	69.00%
2	16,247	0.00%
30	13,541	0.20%
3,632	13,541	26.80%
508	13,541	3.80%
60	13,541	0.40%
65	13,541	0.50%
9,246	13,541	68.30%
0	13,541	0.00%
29	10,421	0.30%
2,153	10,421	20.70%
663	10,421	6.40%
61	10,421	0.60%
51	10,421	0.50%
7,462	10,421	71.60%
2	10,421	0.00%
44	11,282	0.40%
2,422	11,282	21.50%
1,072	11,282	9.50%
81	11,282	0.70%
79	11,282	0.70%
7,580	11,282	67.20%
4	11,282	0.00%
56	13,220	0.40%
2,256	13,220	17.10%
1,027	13,220	7.80%
54	13,220	0.40%



94	13,220	0.70%
9,730	13,220	73.60%
3	13,220	0.00%
67	11,933	0.60%
2,045	11,933	17.10%
706	11,933	5.90%
50	11,933	0.40%
51	11,933	0.40%
8,958	11,933	75.10%
56	11,933	0.50%
75	14,857	0.50%
2,713	14,857	18.30%
1,246	14,857	8.40%
67	14,857	0.50%
71	14,857	0.50%
10,679	14,857	71.90%
6	14,857	0.00%
237	19,287	1.20%
3,919	19,287	20.30%
1,380	19,287	7.20%
90	19,287	0.50%
71	19,287	0.40%
13,478	19,287	69.90%
112	19,287	0.60%
225	17,426	1.30%
3,792	17,426	21.80%
1,489	17,426	8.50%
73	17,426	0.40%
82	17,426	0.50%
11,765	17,426	67.50%
0	17,426	0.00%
242	19,758	1.20%
4,263	19,758	21.60%
1,555	19,758	7.90%
51	19,758	0.30%
109	19,758	0.60%
13,538	19,758	68.50%
0	19,758	0.00%
58	5,929	1.00%
1,854	5,929	31.30%
492	5,929	8.30%
62	5,929	1.00%
30	5,929	0.50%
3,433	5,929	57.90%
0	5,929	0.00%
44	5,549	0.80%
1,882	5,549	33.90%

531	5,549	9.60%
20	5,549	0.40%
21	5,549	0.40%
3,051	5,549	55.00%
0	5,549	0.00%
101	5,426	1.90%
1,734	5,426	32.00%
536	5,426	9.90%
32	5,426	0.60%
37	5,426	0.70%
2,985	5,426	55.00%
1	5,426	0.00%
83	4,869	1.70%
1,212	4,869	24.90%
479	4,869	9.80%
60	4,869	1.20%
45	4,869	0.90%
2,956	4,869	60.70%
34	4,869	0.70%

<b>Time Period</b>	<b>Monthly Calls</b>
2018-03-01 - 2018-03-31	3,653
2018-04-01 - 2018-04-30	3,536
2018-05-01 - 2018-05-31	3,251
2018-06-01 - 2018-06-30	3,195
2018-07-01 - 2018-07-31	3,156
2018-08-01 - 2018-08-31	3,569
2018-09-01 - 2018-09-30	3,431
2018-10-01 - 2018-10-31	4,179
2018-11-01 - 2018-11-30	4,132
2018-12-01 - 2018-12-31	3,622
2019-01-01 - 2019-01-31	Data Not Available
2019-02-01 - 2019-02-28	4,220
2019-03-01 - 2019-03-31	3,845
2019-04-01 - 2019-04-30	2,187
2019-05-01 - 2019-05-31	2,108
2019-06-01 - 2019-06-30	1,725
2019-07-01 - 2019-07-31	1,880
2019-08-01 - 2019-08-31	2,130
2019-09-01 - 2019-09-30	2,039
2019-10-01 - 2019-10-31	2,062
2019-11-01 - 2019-11-30	1,633
2019-12-01 - 2019-12-31	1,888
2020-01-01 - 2020-01-31	2,129
2020-02-01 - 2020-02-29	1,959

**Note: data prior to 01/01/2019  
included call Medicaid  
Expansion in addition to the Fee-  
for-Service population.**